


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A05000001862		
1. Entity Name CHARLOU PARTNERS, LLLP.		

Principal Place of Business 4130 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US	Mailing Address 4130 TAMiami TRAIL PORT CHARLOTTE, FL 33952 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/O DAVID A. HOLMES 99 NESBIT ST. PUNTA GORDA FL 33950
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**

2007 MAY 18 P 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03272007 Chg-LP CR2E003 (12/06)

4. FEI Number  
APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HOLMES, DAVID A 99 NESBIT STREET PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

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05/24/07--01033--011 \*\*3822.50

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ROSENFIELD, LOUIS D	STREET ADDRESS	
NAME	4130 TAMiami TRAIL	CITY - ST - ZIP	
STREET ADDRESS	PORT CHARLOTTE, FL 33952		
CITY - ST - ZIP			
DOCUMENT #	ROSENFIELD, CHARLENE GRIMM	STREET ADDRESS	
NAME	4130 TAMiami TRAIL	CITY - ST - ZIP	
STREET ADDRESS	PORT CHARLOTTE, FL 33952		
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  4/10/07 941-69-4500

LOUIS D. ROSENFIELD, GENERAL PARTNER

STAPLE CHECK HERE